

**ARKANSAS STATE PLANT BOARD
VERIFIABLE TRAINING RECORD AND APPLICATION FOR
CERTIFIED TECHNICIAN'S CERTIFICATE**

(Please Print or Type)

Company Name: _____

Location _____ Date Employed _____

Agents Last Name

First Name

Middle Name

(Use same name as shown on Driver's License)

Date(s) of Training	Topic - See Circular 6, page 13-42 & 14-42	Classroom Hours	Trainer's Full Name
	#1	4	
	#2	3	
	#3	4	
	#4	3	
	#5	2	
	Number of job sites	O. J. T. Hours	

Licensed Operator's Signature

Date

Agent's Signature

Date